

Case Number:	CM13-0062394		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2011
Decision Date:	04/10/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain, knee pain, carpal tunnel syndrome, and internal derangement of the knee reportedly associated with an industrial injury of August 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy to date; a left thumb corticosteroid injection; a right carpal tunnel release surgery; left carpal tunnel release surgery; and a knee arthroscopy. In a Utilization Review Report of November 5, 2013, the claims administrator partially certified a request for purchase of a continuous cooling unit and DVT prophylaxis unit as a seven-day rental of the same. It was incidentally noted that the applicant had a history of atrial fibrillation and was anticoagulated with Coumadin for the same. The applicant's attorney apparently appealed the partial certification. In a September 4, 2013 progress note, the attending provider notes that the applicant has ongoing issues with internal derangement of the knee secondary to a meniscal tear. The applicant has confirmed tear of the lateral meniscus and is having issues with knee giving way. A knee arthroscopy is sought, along with a continuous cooling unit/DVT prophylaxis unit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

THERMOCOOL UNIT/DVT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cleveland Clinic Journal of Medicine and Official Disability Guidelines (ODG)

Decision rationale: The MTUS does not address the topic of the need for DVT prophylaxis following knee surgery. As noted in the Cleveland Clinic Journal of Medicine, prophylaxis is needed in those individuals who undergo lower-risk procedures such as knee arthroscopy only if there is evidence of individual risk factors. In this case, the applicant apparently had an individual risk factor of atrial fibrillation requiring anticoagulation with Coumadin. The applicant is, thus, an individual who would benefit from temporary mechanical prophylaxis following the procedure. However, the need for temporary mechanical prophylaxis following the procedure in question does not equate to a need for purchase of the device. The attending provider has not furnished any compelling rationale or narrative for purchase of the device in question. The attending provider has not stated why a lesser amount of treatment, such as the one week rental, proposed by the claims administrator, will not suffice here. Similarly, the MTUS does not address the topic of the need for a continuous cooling device purchase following knee arthroscopy as noted in the ODG Chapter Continuous-Flow Cryotherapy topic, continuous-flow cryotherapy is recommended postoperatively for a period of seven days. In this case, however, the attending provider has sought to purchase the device in question. This is not indicated. Thus, neither the Cleveland Clinic Journal of Medicine nor ODG supports purchase of either a DVT prophylaxis unit or a continuous cooling unit following the knee arthroscopy surgery in question. Therefore, the request is not certified, on Independent Medical Review.